ACC.15
TCT@ACC-i2 | innovation in intervention

A721
JACC March 17, 2015
Volume 65, Issue 10S

FIT Clinical Decision Making

DIFFUSE ALVEOLAR HEMORRHAGE DUE TO SEVERE MITRAL VALVE REGURGITATION

Poster Contributions
Poster Hall B1
Sunday, March 15, 2015, 3:45 p.m.-4:30 p.m.

Session Title: FIT Clinical Decision Making: Imaging and Valvular Heart Disease
Abstract Category: Valvular Heart Disease
Presentation Number: 1213-155

Authors: *Wendy Valerie Izarnotegui, Max Luna, University of Virginia, Charlottesville, VA, USA*

Background: Chronic mitral valve regurgitation has been reported as an etiological factor for diffuse alveolar hemorrhage (DAH), but there have been only a few cases that have reported acute mitral valve regurgitation to cause DAH.

Case: A 29-year-old Caucasian female with history of primary antiphospholipid syndrome (APS) presented with a week history of shortness of breath and scant hemoptysis. Her physical exam was significant for decreased breath sounds in both bases and the presence of hypoxia. CT pulmonary angiogram showed upper lobe and lower lobe patchy ground glass alveolar opacities. Bronchoscopy showed bloody return from both lungs through the lavage, along with hemosiderin-laden macrophages, consistent with DAH. There was no significant improvement in her symptoms after 48 hours of IV steroids. Transthoracic echocardiogram showed evidence of severe mitral regurgitation (MR), normal left atrial size and abnormal posterior mitral leaflet mobility without evidence of left ventricle dilatation. A transesophageal echocardiogram showed severe MR, ruptured MV chord with evidence of anterior and posterior leaflet vegetations suggestive of nonbacterial thrombotic endocarditis.

Decision Making: Although anticoagulation and recent pulmonary infection could have explained DAH, the presence of acute severe MR due to Libman Sacks endocarditis and ruptured chord was considered the most likely explanation of DAH on this patient. Mitral valve surgery was recommended as steroids did not improve her condition. Pathology confirmed the diagnosis. She has not had any recurrence of dyspnea or hemoptysis since then.

Conclusion: This case illustrates how acute mitral regurgitation may cause diffuse alveolar hemorrhage in the setting of APS.